

CLAIMS ONLY							Application Number 09/705,585		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	X						56					
7							57					
8							58					
9	/						59					
10							60					
11	/						61					
12							62					
13	/						63					
14							64					
15							65					
16							66					
17	/						67					
18	/						68					
19							69					
20							70					
21							71					
22	X						72					
23							73					
24							74					
25							75					
26							76					
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28							78					
29							79					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	13						Total Depend					
Total Claims	16						Total Claims					